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PTO/SB/05 (4-99)

U.S. 1519295

03/06/00

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.	4002-2270/DNK-1992-002-PA-DIV5C2
First Inventor or Application Identifier	MATHEWS, Hallett H.
Title	METHOD FOR SUBCUTANEOUS SUPRAFASCIAL...
Express Mail Label No.	EL 051 547 215 US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)		5. <input type="checkbox"/> Microfiche Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Specification [Total Pages 25] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the invention- Brief Summary of the invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure		6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 4]		ACCOMPANYING APPLICATION PARTS	
4. Oath or Declaration [Total Pages 2] <ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)<ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).		7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
NOTE FOR ITEMS 1 & 11: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).		8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement of Power of Attorney (when there is an assignee)	
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. 09, 042, 910 Prior application information: Examiner J. Woo Group / Art Unit 3731		9. <input type="checkbox"/> English Translation Document (if applicable)	
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 [Copies of IDS Citations]	
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Name: Kenneth A. Gandy		13. <input type="checkbox"/> Small Entity Statement(s) [Statement filed in prior application. Status still proper and desired (PTO/SB/09-12)]	
Address: Woodard, Emhardt, Naughton, Moriarty & McNett		14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
City: Indianapolis State: IN Zip Code: 46204-5137		15. <input type="checkbox"/> Other:	
Country: USA Telephone: 317-634-3456 Fax: 317-637-7561			

Name (Print/Type)	Kenneth A. Gandy	Registration No. (Attorney/Agent)	33,386
Signature	<i>Kenneth A. Gandy</i>	Date	March 6, 2000

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